CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC, INTERESTISCAL COVER PAGE COVE

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Jurisdiction of Office (Check at least one box) State	wide Jurisdiction) Tice: Date Left
Office, Agency, or Court Agency Name City of Monrovia Division, Board, Department, District, if applicable City Council City Council Fosition: If filing for multiple positions, list below or on an attachment. Agency: Jurisdiction of Office (Check at least one box) State Multi-County City of Monrovia Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Check one) The peniod covered is/ through December 31, Office period covered is leaving office. Assuming Office: Date Office sought, if different than Part 1: Schedule Summary Check applicable schedules or "None." Total number of pages including to Schedule C - Income, Loens, 8 Schedule C - Income, Loens, 8	wide Jurisdiction) lice: Date Left
Agency Name City of Monrovia Division, Board, Department, District, if applicable City Council City Council Fosition If filling for multiple positions, list below or on an attachment. Agency: Position: Jurisdiction of Office (Check at least one box) State Judge (Statewide Jurisdiction of Unity) City of Monrovia County of Other Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Check one) The pend covered is/	wide Jurisdiction) Tice: Date Left
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Check applicable schedules or "None." ▶ Total number of pages including to Schedule A-1 - Investments – schedule attached 区 Schedule C - Income. Loans, &	•
Schedule A-1 - Investments - schedule attached	•
	nme. Loans, & Business Positions - schedule attached
Schadule A-2 - Investments - schedule attached - IXI Schedule D - Income - Gifts -	
	me - Giffs - schedule attached
Schedule B • Real Property – schedule attached Schedule E • Income – Gitts –	me – Gitts – Travel Payments – schedule attached
OF	
None - No reportable interests on any schedule	
Verification	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements

	ORNIA FORM	
Name		
	Becky A. Shev	lin,

► NAME OF BUSINESS ENTITY Fidelity National Financial	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Insurance (Parent Company of Chicago Title)	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1 000,000 Cver \$1,000,000
NATURE OF INVESTMENT Spouse Emp Retirement	NATURE OF INVESTMENT
Stock Other Opening (Describe)	Stock Other (Describe)
Partnership () Income Received of \$0 - \$499 (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE	IF APPLICABLE, LIST DATE
/ / 10 / / 10	/ / 10 / 10
ACQUIRED DISPOSED	ACQUIRED DISPOSED .
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
· · · · · · · · · · · · · · · · · · ·	GENERAL DESCRIPTION OF BOSINESS ACTIVITY
·	
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	\$2,000 - \$10,000 · \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	[Describe] Partnership Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedulo C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE	IF APPLICABLE, LIST DATE
<u>.</u>	
/ / 10 / 10	
, ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Dascribe)
Partnership Oincome Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE	IF APPLICABLE, LIST DATE
/ / 10 / 10	/ / 10 / 10
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM	
Name	
Becky A. Shev	lin

► 1. INCOME RECEIVED	> 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Mark M. O'Brien, a Law Corporation	Chicago Title
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
50 W. Lemon Avenue, Ste. 29, Monrovia, CA 91016	535 N. Brand Blvd., Glendale, CA 91203
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Office	Insurance
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Legal Assistant	Sr. Account Manager
GROSS INCOME RECEIVED .	GROSS INCOME RECEIVED
S1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 X OVER \$100.000	\$10,001 - \$100,000 X OVER \$100 000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of (Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Commission of Remail module, as each source of studios of mode	Commission of Cental months, has said source at \$10,000 & more
Other	Other
(Desanbe)	(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
	•
of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part
	your official status. Personal loans and loans received
not in a lender's regular course of business must be	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% [_] Nane
	SECURITY FOR LOAN
BUSINESS ACTIVITY IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
	Cdy
510.001 - \$100.000	Guarantor
OVER \$100,000	
	Other(Describe)
Comments:	

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Becky A. Shevlin

► NAME OF SOURCE	► NAME OF SOURCE
Wedbush, Inc.	Metropolitan Water District of So. California
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1000 Wilshire Blvd., Los Angeles, CA 90017	700 N. Alameda St., Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Securifies/Investment Services	Water District
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
07 , 08 , 10 s 120.00 Food & Beverage	10,22,10 \$ 44.90 Food
	10,23,10 s 51.25 Food
	10 , 24 , 10 s 35.09 Food
NAME OF SOURCE	NAME OF SOURCE
Samuelson & Fetter	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
602 E. Huntington Dr., Monrovia, CA 91016	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Development	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 30 , 10 s 85.00 Champagne	\$
	<u> </u>
\$	\$
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	•
Becky A. Shevlin	

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	NAME OF SOURCE
Metropolitan Water District of So. California	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
700 N. Alameda St.	
CITY AND STATE	CITY AND STATE
Los Angeles, CA 90012	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Water District	
DATE(S) 10 / 22 / 10 10 / 24 / 10 AMT \$ 191.70	DATE(S)
TYPE OF PAYMENT. (must check one) 🔀 Gift 🔲 Income	TYPE OF PAYMENT (must check one)
DESCRIPTION Airfare, bus travel and lodging	DESCRIPTION
NAME OF SOURCE	► NAME OF SOURCE
_	<u>.</u>
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITÝ AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S)	DATE(S)
TYPE OF PAYMENT (must check one) Gift Income	TYPE OF PAYMENT (must check one) Gift Income
DESCRIPTION:	DESCRIPTION.
· ·	
Comments:	•